
OLR Bill Analysis

sHB 5063

AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

SUMMARY:

This bill allows licensed health care practitioners who can prescribe an opioid antagonist to prescribe, dispense, or administer it to anyone to treat or prevent a drug overdose without being civilly or criminally liable to anyone for such action or for the opioid antagonist's subsequent use. Current law allows practitioners to do this only for a drug user in need of intervention without civil or criminal liability to that individual. It does not address liability for subsequent use. The bill would enable these practitioners to prescribe opioid antagonists to family members or other individuals to assist a person experiencing a drug overdose.

The bill requires the Department of Mental Health and Addictions Services (DMHAS) commissioner to report, by January 15, 2013, to the Public Health committee on the number of opioid antagonist prescriptions issued under DMHAS programs to those other than drug users for self-administration.

The law defines an opioid antagonist as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for treating a drug overdose. By law, physicians and surgeons, physician assistants, dentists, advanced practice registered nurses, and podiatrists may prescribe them.

EFFECTIVE DATE: October 1, 2012

BACKGROUND

Opioid Antagonist

Opioid antagonists "sit" on the brain's opioid receptor sites,

displacing any opioids (such as heroin), reducing cravings for opiates, and blocking their euphoric and other effects. Some opioid antagonists, like naloxone, when given after a drug overdose rapidly reverse the symptoms of overdose. Opioid antagonists are not addictive and do not cause a “high” or pose any serious health effects when taken by a person not suffering from a drug overdose.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 2 (03/23/2012)